

William Bird

Town

County

Died at

Town *Meriden*
Month *May* Day *19*

Karl

MARYLAND

Date _____

1907
Male

Month

Day

Y

M.

D.

Native of

Occupation

Aug 8

Age

2, -

Many Land

Labrum

Male

Married

Widow

Divorced

Colored

Simple

Widows

~~Number of children living~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 65968

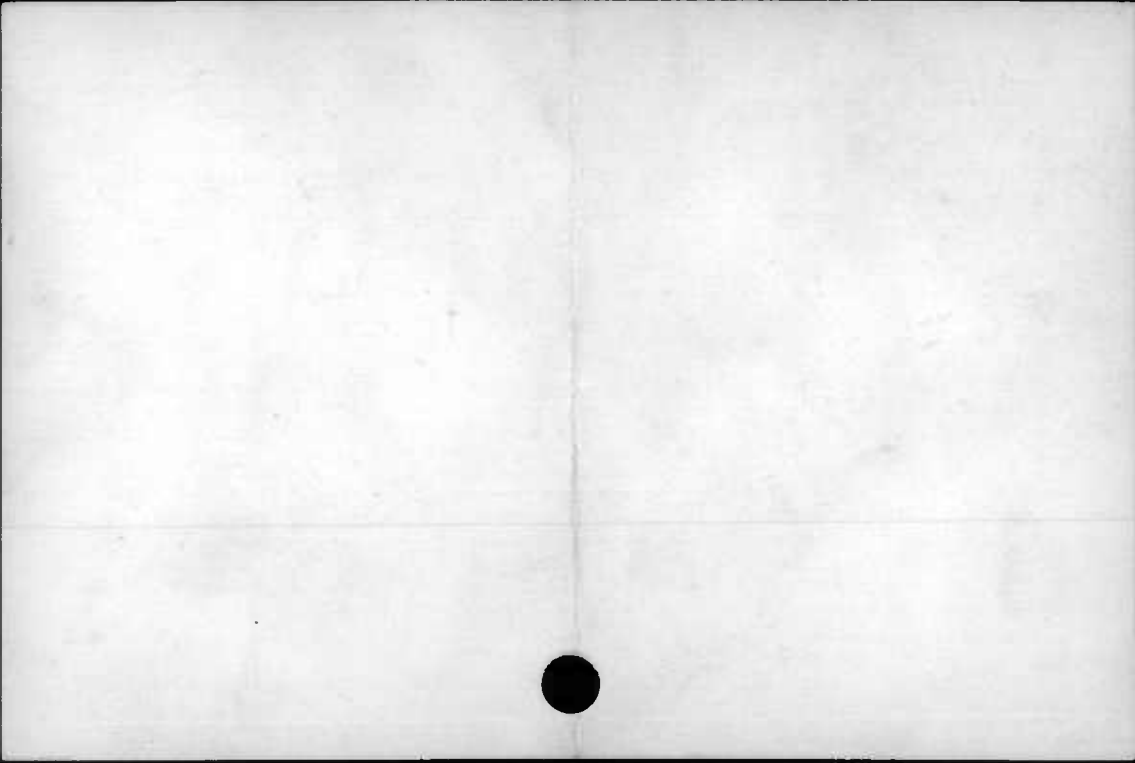
J. E. H. Quaker creek.

Name in Full		Susanna Bradley				CERTIFICATE OF DEATH	
Died at		Town Near Galena		County Kent		MARYLAND	
Date of death		Month 8	Day 24	Age 24	Years 24	Months	Days
Sex female		Color or Race African		Birth- place Md.			
Occupation domestic		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William Bradley		Father's Birthplace Md.					
Mother's Maiden Name Georgiana Dudley		Mother's Birthplace					
Name of person giving information Wm. Bradley		How related to deceased father					
CAUSES OF DEATH							
Primary		Valvular disease heart				How long 3 years	
Immediate		Paralysis heart				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. W. Lattin			
				Address Galena Md.			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

79



Name
in
Full

Cecilia Brown

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pomona

Years

Months

Days

Date

of death

1907

Month

8

Day

22

Age

Years

1

9

Sex

Female

Color or
Race

White

Birth-
place

Kent Co.

Occupation

Where Residing if not
at place of death

Pomona

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Claude Brown

Father's
Birthplace

Corryline Co

Mother's
Maiden Name

Anna Blanche Ford

Mother's
Birthplace

Kent Co

Name of person giving
information

Father, Claude Brown

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Meningitis

How long

24 hours

Immediate

Brain - Comminuted

How long

24 h

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. Frank Rees
Chestertown
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. E. F. Chester con

(19.4

Name
in
Full

James Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	190 ^{Month} <i>7</i> ^{Day} <i>Aug</i>	^{Age} <i>26</i>	^{Years} <i>87</i>	^{Months} <i>1</i>	^{Days} <i>10</i>
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birth-place	<i>Ind</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Louisa Chambers</i>		
Father's Name	<i>Perry Chambers</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Jennie Bessie</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Alice Chambers</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmity of age</i>	How long	<i>several years</i>
Immediate	<i>As theoria</i>	How long	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. G. Simpson</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		

J. E. F. James M. E. com -

Name
in
Full

Wm Thomas Chairs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Chestertown</i>		Town <i>East</i>		County <i>East</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John Henry Chairs</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Agnes May Knox</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Father</i>			How related to deceased				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteric colitis</i>	How long <i>several weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Simpson</i>
	Address <i>Chestertown, Ind</i>
Accident or Suicide? <i>no</i>	

J. E. F. Chester con

Name
in
Full

Walter Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Coleman		^{County} Kent		MARYLAND	
Date of death	1907	Month	Aug	Day	3
Age		Years		Months	
9		6		Days	
Sex	male	Color or Race	black	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Robert Cole	Father's Birthplace		U. S.	
Mother's Maiden Name	Lizzie Reason	Mother's Birthplace		U. S.	
Name of person giving information	A. Cole	How related to deceased		father	

CAUSES OF DEATH

Primary	Tuberculosis,	(27)	How long	9 months,
Immediate				
Are the name, age, sex, color, date and place correctly given above?		yes,	Signature of Physician	
			W. S. Maxwell,	
			Address	
			Still Pond, Md.	
Accident or Suicide?				

Colman

Name in Full

Williamina Branch

Town

County

Died at

Chester town Hunt

MARYLAND

Date 1907 Aug. 8

Month

Day

Y.

M.

D.

Native of

Occupation

Age

76

Md. retired

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

8

~~Husband~~

of

Wife

Father's

Name

Jno. W. Branch
Rising

Mother's

Name

104

Cause of

Primary

Acute Indigestion

How long sick

16 hours

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

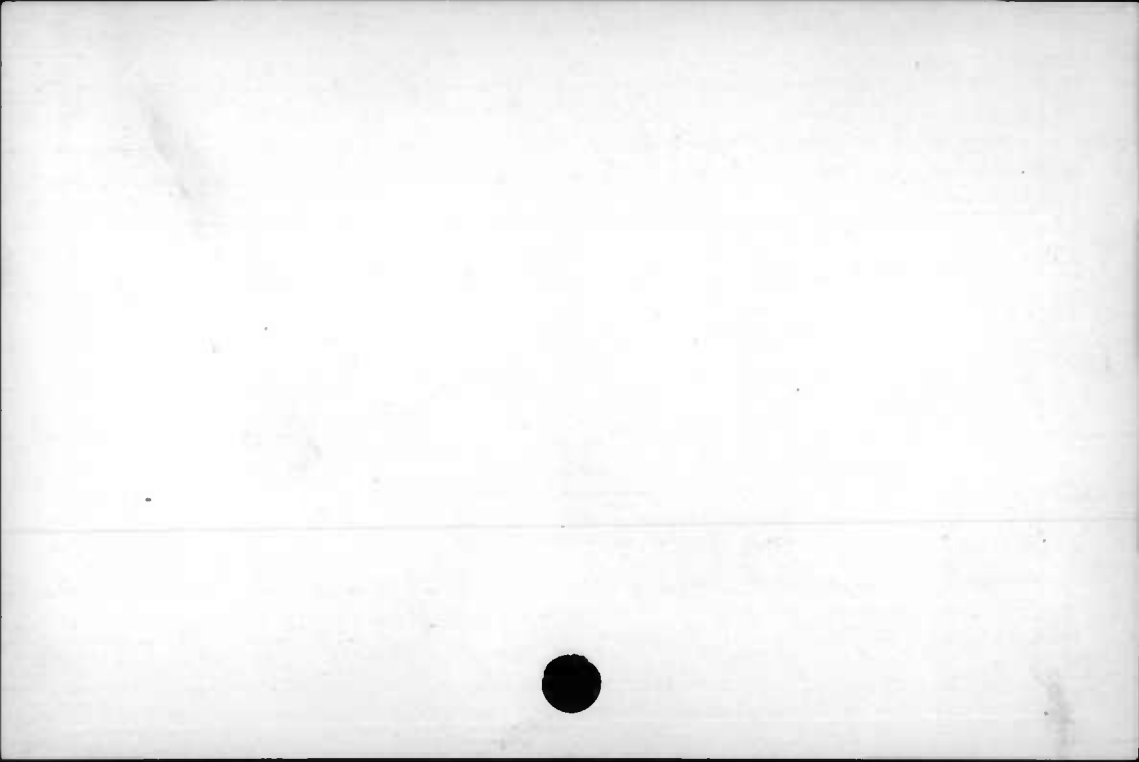
Address

Harry L. Dods M.D. -
Chester town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

f. E. H. J. G. com

Name in Full		George W. Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>West Galena</i>		Town <i>Kent</i>		County		
	Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>6</i>	Years <i>45</i>	Months	Days
	Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>Ind.</i>			
	Occupation <i>laborer</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Carrie Lee Davis</i>					
	Father's Name <i>Joseph Davis</i>		Father's Birthplace <i>Ind.</i>				
	Mother's Maiden Name <i>Louisa Butler</i>		Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Carrie Lee Davis</i>		How related to deceased <i>wife</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">118</div>							
PHYSICIAN OR CORONER	Primary <i>appendicitis</i>		How long <i>5 days</i>				
	Immediate <i>rupture of abscess Peritonitis</i>		How long <i>24 hours</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Lohman</i>				
			Address <i>J. H. Lohman</i>				
Accident or Suicide?							



Name
in
Full

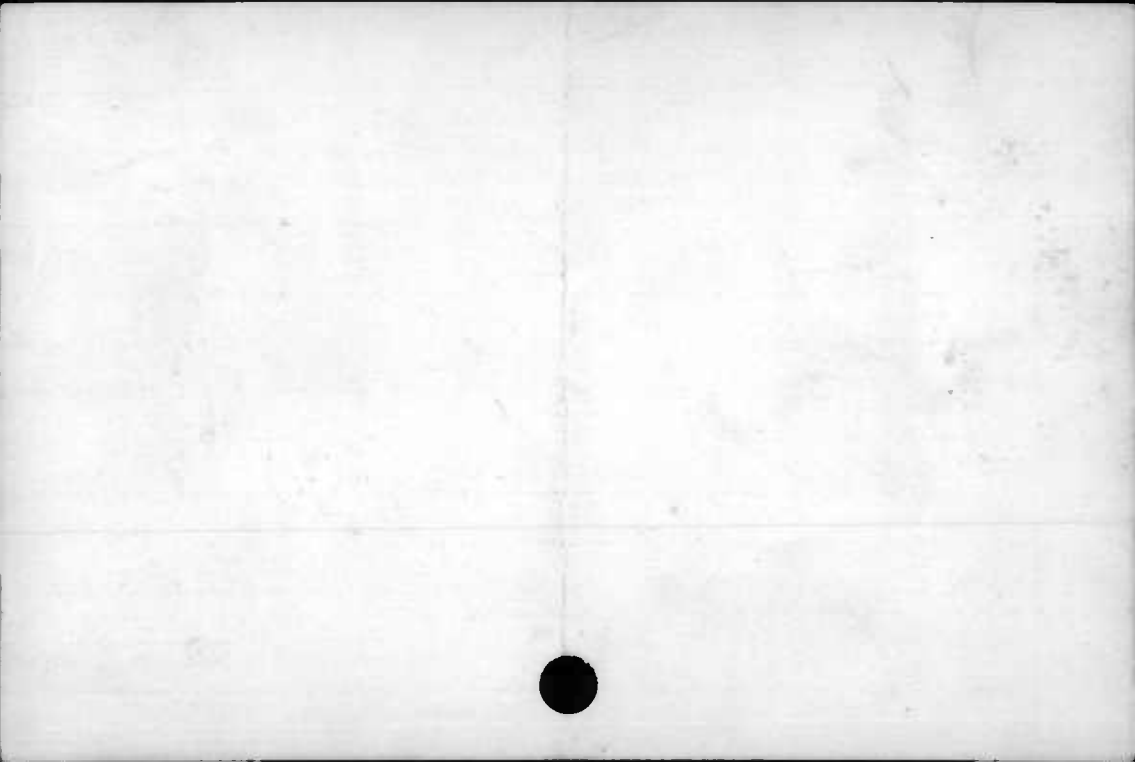
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Massay</i> Town		County <i>Kent</i>		MARYLAND	
Date of death 1907		Month <i>8</i>	Day <i>22</i>	Age <i>72</i>	Months <i>72</i> Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Margaret-Connor</i>				
Father's Name <i>Thomas Donahoe</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>"Cait-Deag"</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>James Donahoe</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary <i>cerebral hemorrhage</i>	How long <i>3 days</i>
Immediate <i>Paralysis of respiration</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Lohmer</i>
	Address <i>Galena, Md.</i>
Accident or Suicide?	



Name
in
Full

Dora Doran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lampford</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>24</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>Ind</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clarence Doran</i>				
Father's Name <i>Geo Cornegys</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Bowser</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Clarence Doran</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Acute Intercalosis (miliary)</i>	How long	<i>several months</i>
Immediate	<i>Exhaustion</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. J. Lampford</i>	
		Address <i>Chestertown</i>	
Accident or Suicide? <i>No</i>			

J. E. F. Lischer neck

Name
in
Full

Baby Dorsey.

Coloured

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Columbia</u> Town		County <u>Dent</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>10</u>	Age <u>←</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>male</u>	Color or Race <u>black</u>		Birth-place <u>md</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Jammiah Dorsey</u>		Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Maggie Brooks</u>		Mother's Birthplace <u>md.</u>			
Name of person giving information <u>J. I. Dorsey</u>		How related to deceased <u>father.</u>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long
Immediate <u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>L. P. Atwell M.D.</u>
	Address <u>Still Pond md</u>
Accident or Suicide?	

Coleman

Name
in
Full

Mary E. Elburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake</i> Town		<i>1</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>5</i>	Age <i>68.</i>	Months <i>8.</i>	Days
Sex <i>Female.</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Home wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William S. Elburn</i>				
Father's Name <i>James D. Ford</i>	Father's Birthplace <i>Kent Co Md</i>		Mother's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Elizabeth Holligon</i>					
Name of person giving information <i>Mrs Kate D Ford</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

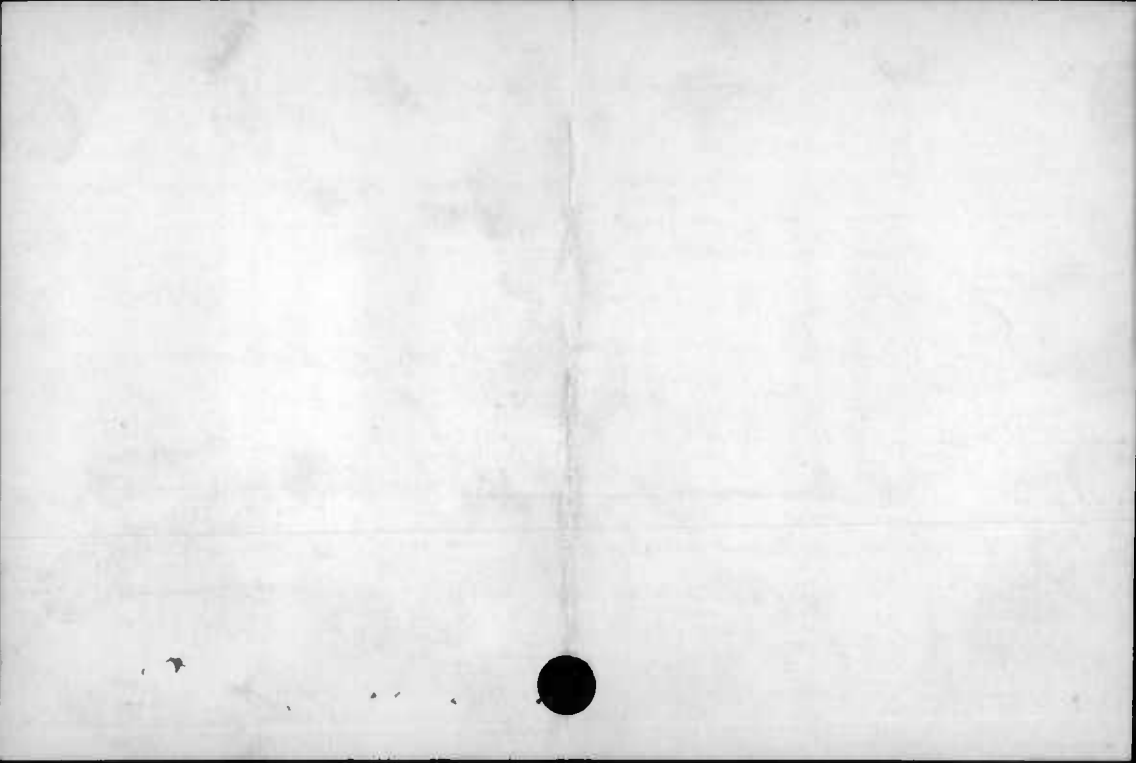
95

PHYSICIAN
OR CORONER

Primary <i>Consumption Lung</i>	How long <i>12 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E W Wheland M.D.</i>
	Address <i>Colleton Md</i>
Accident or Suicide? <i>No</i>	

J. Co. H. Collier com

Name in Full		Town				County		MARYLAND			
Elizabeth Grace		Edwards		Kent							
Died at		Date of death		Month		Day		Years		Months	
1907		Aug		13		Age		9			
Sex		Color or Race		Birth-place							
Female		Black		Edwards							
Occupation		Where Residing if not at place of death									
none		at place of death									
Married, Single or Widowed		Name of Wife or Husband									
Father's Name		Father's Birthplace									
Matthew Grace											
Mother's Maiden Name		Mother's Birthplace									
Mary Smith		Edwards									
Name of person giving information		How related to deceased									
Wesley Smith		first cousin									
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">118</div>											
Primary		How long									
Appendicitis		10 days									
Immediate		How long									
Inflammation of bowels		10 days									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		Thos B Wilson									
		Address									
		Edwards P.O.									
Accident or Suicide?											
		Thos Corns									



Name in Full

Certificate of Death

Mary Rebecca Greenwood

Town

County

Died at

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 10

Age 14

5- Md.

Scholgirl.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband

Wife

Father's

Name

Mr. H. Greenwood

Mother's

Name

Sophia Greenwood (Bennett)

Maide name

Cause of

Primary

Tuberculosis

Death

Immediate

Asthma

How long sick

(27)

5 months

~~Accident, Suicide, Homicide~~

Reported by

Harry L. Dooly M.D. -

Address

Chesterbrook Md. -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

St Paul

Cornelius

John W. Doolittle

Undersecretary.

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Chestertown</i>		County <i>Kent</i>				
		State <i>MARYLAND</i>						
		Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>14</i>
		Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Chestertown</i>				
		Occupation <i>Infant</i>	Where Residing if not at place of death <i>Chestertown, Md.</i>					
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>					
		Father's Name <i>Samuel Hamilton</i>	Father's Birthplace <i>Kentley.</i>					
		Mother's Maiden Name <i>Julia Somerville</i>	Mother's Birthplace <i>Kent Geo.</i>					
		Name of person giving information <i>Saml Hamilton</i>	How related to deceased <i>Father</i>					
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Whooping Cough</i>	How long <i>Two weeks</i>					
		Immediate <i>Pneumonia</i>	How long <i>7 days</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bruce Simmons</i>					
			Address <i>Chestertown</i>					
			<i>Md.</i>					
		Accident or Suicide? <i>No.</i>						

J. E. F. Zucker ranch

Name
in
FullStill born Infant *Hepatitis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morrees</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James Hepburn</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Susan Walker</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Ed W Walker</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>(S)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Simpson Sec</i>
	Address <i>Local Board of Health Chesler town</i>
Accident or Suicide? <i>No</i>	

J.E. 71

Handwritten text, possibly a signature or name, appearing as "Handwritten" or similar.

Name
in
Full

Maurice Judefine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

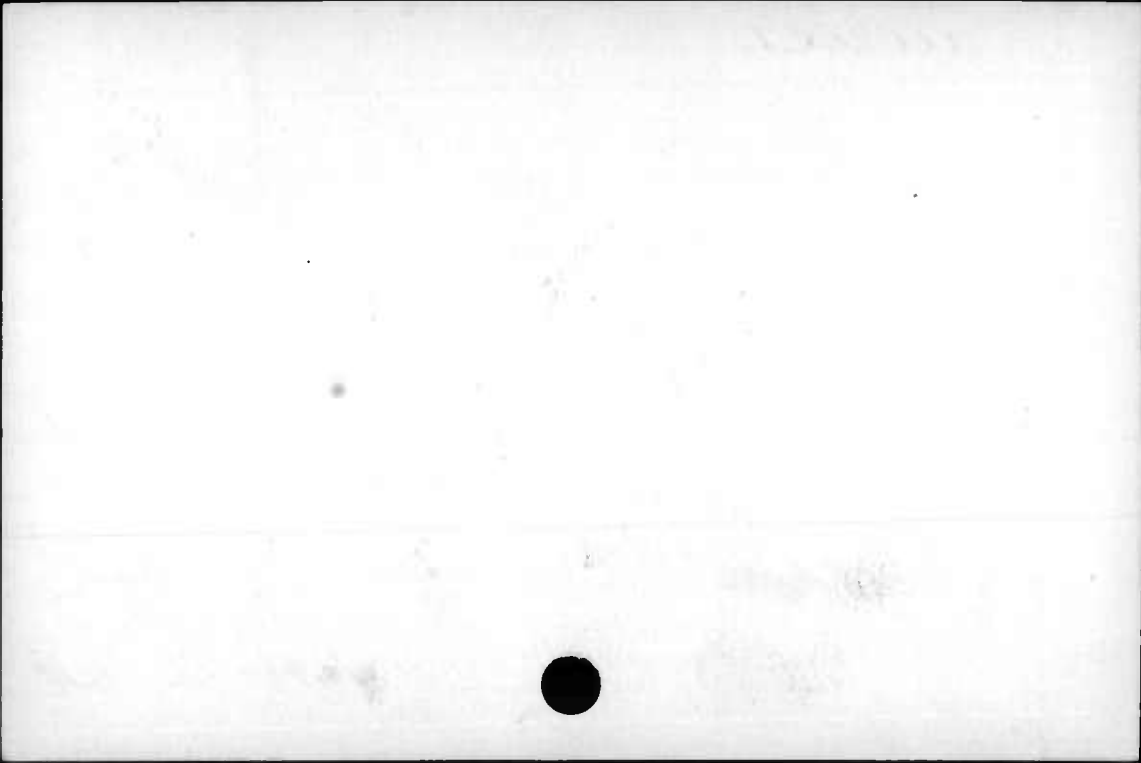
Died at <i>Edusville</i>		Town		<i>Kent-</i>		County		MAYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>20</i>	Age	<i>—</i>	Years	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birthplace	<i>Kent-co Md</i>			
Occupation	<i>—</i>				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				<i>Joseph Judefine</i>		Father's Birthplace			
Mother's Maiden Name				<i>Ella Colman</i>		Mother's Birthplace			
Name of person giving information				<i>Joseph Judefine</i>		How related to deceased			
						<i>Father</i>			

CAUSES OF DEATH

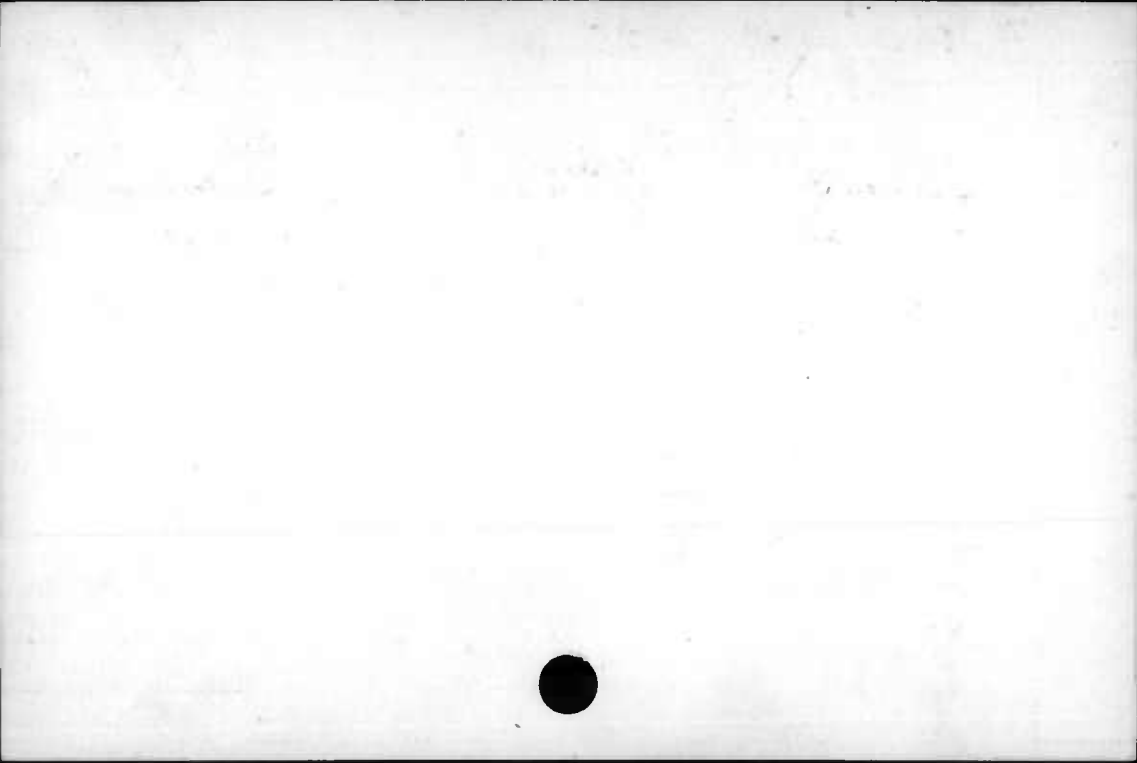
99

PHYSICIAN
OR CORONER

Primary	<i>Summer Catarrh</i>	How long	<i>2 weeks</i>
Immediate	<i>Ophianstom</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. O. Kelly</i>	
		Address	
		<i>Rockledge Ave.</i>	
Accident or Suicide?			



Name in Full		Lottie Kennard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Edenville		County Kent Co		MARYLAND	
	Date of death	1907	Month Aug.	Day 23	Age 21	Years 3	Months 8
	Sex	Female		Color or Race	Colored		
	Occupation	Housewife		Birth-place	Kent Co.		
	Where Residing if not at place of death		at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband	Lorance Kennard		
	Father's Name	Thomas Hopkins		Father's Birthplace	Kent Co		
	Mother's Maiden Name	Rebecca Simms		Mother's Birthplace	Kent Co		
Name of person giving information	Lorance Kennard		How related to deceased	Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dysentery				How long	8 months
	Immediate	Exhaustion				How long	one day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	W. O. Shultz	
					Address	Richsdale, Ind	
Accident or Suicide?							



Name
in
Full

Williamina McKerny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

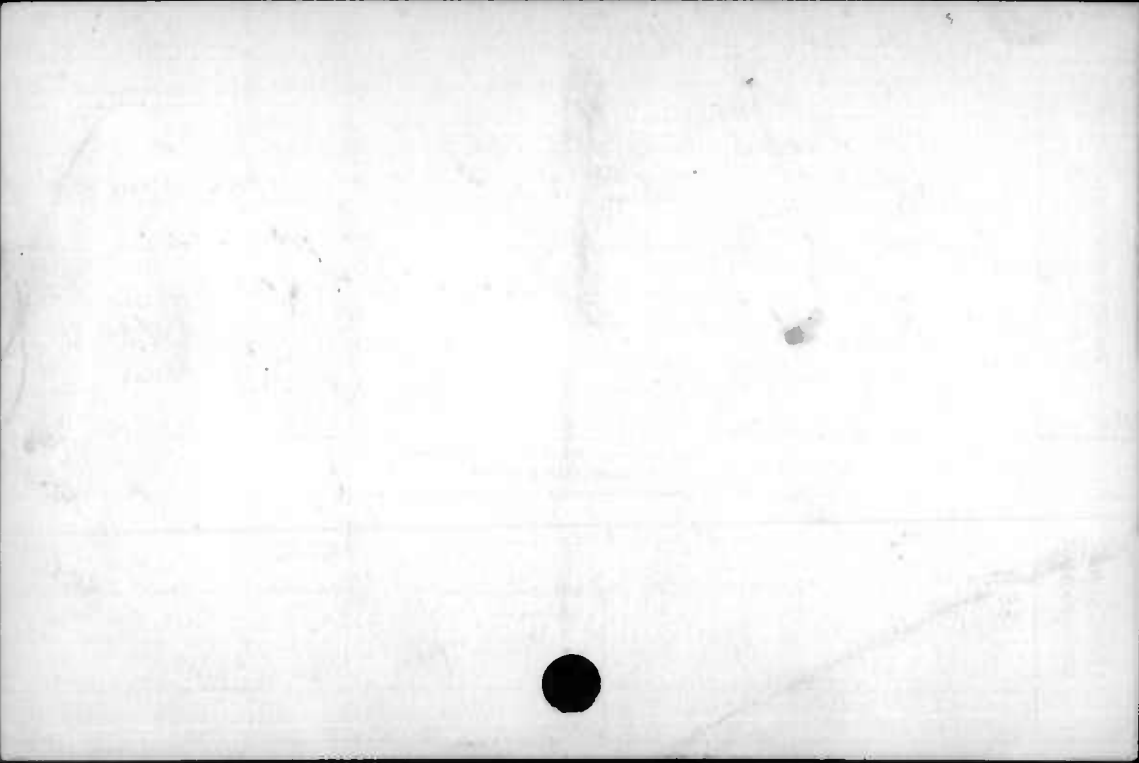
Died at <u>Sassafras</u> Town		<u>Sept</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>August</u>	Day	<u>27</u>
Age		<u>57</u>		Months	<u>9</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birthplace	<u>Sassafras Md</u>
Occupation	<u>Housewife</u>	Where Residing if not at place of death <u>Sassafras</u>			
Married, Single or Widowed	<u>Married</u>	Name of wife or Husband <u>Lewis McKerny</u>			
Father's Name	<u>Curry Haskett</u>	Father's Birthplace <u>Md</u>			
Mother's Maiden Name	<u>Sophia Munson</u>	Mother's Birthplace <u>Md</u>			
Name of person giving information	<u>Lewis McKerny</u>	How related to deceased <u>Husband</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Hypertrophy of Heart</u>	How long	<u>Six months</u>
Immediate	<u>Exhaustion</u>	How long	<u>Short time</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. J. Harglet</u>	
		Address	
		<u>Harwood Md</u>	
Accident or Suicide?			
<u>no</u>			



Name
in
Full

James Henry Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

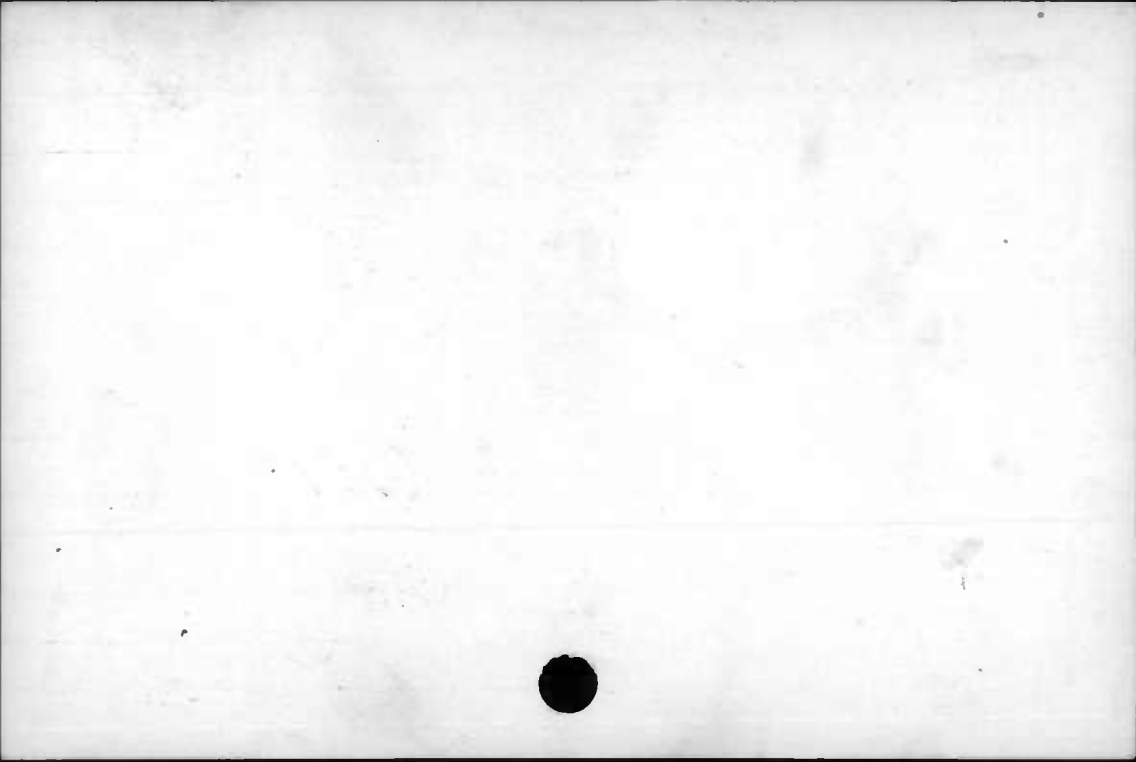
Died at ^{Town} <i>Oliver's Hill</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	1907	Month	<i>Aug.</i>	Day	<i>24</i>
Sex		Color or Race		Months	Days
<i>Male</i>		<i>Colored</i>		<i>2 months</i>	
Occupation		Where Residing if not at place of death		Birth-place	
				<i>Oliver's Hill, Ind.</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
<i>James Martin</i>		<i>Kent Co. Ind.</i>			
Mother's Maiden Name		Mother's Birthplace			
<i>Lottie T. Martin</i>		<i>Kent Co. Ind.</i>			
Name of person giving information		How related to deceased			
<i>James Martin</i>		<i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Edward A. Scott</i>
<i>Yes</i>		Address	<i>Helena, Ind.</i>
Accident or Suicide?			



Name
in
Full

Hannah E Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>Col</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Dis Colitis</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. Dr. Jones</i>	
		Address	
		<i>Charleston</i>	
		<i>Ind</i>	
Accident or Suicide?			
<i>No</i>			

J. E. F. farres M. E.

Name
in
Full

George W Moffett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

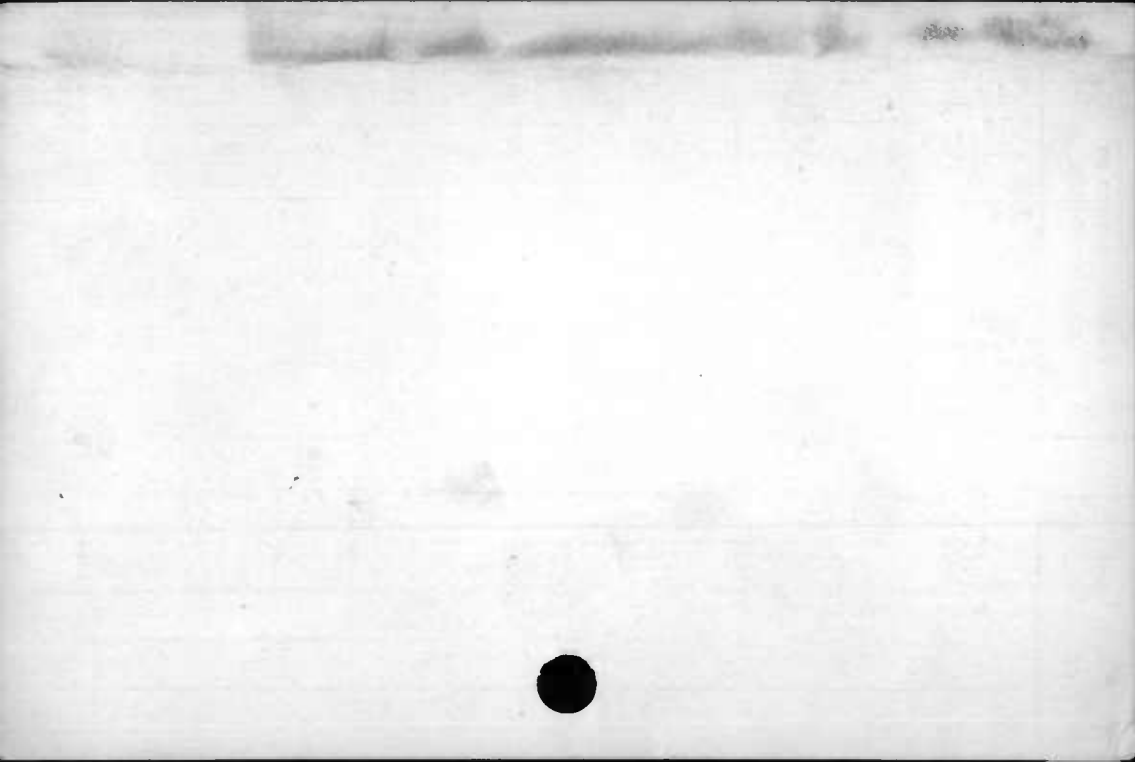
Died at <i>near</i>		Town <i>Marysville</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>24</i>	Age <i>80</i>	Months <i>3</i>	Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co., Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Rebecca Currie</i>					
Father's Name <i>Jesse Moffett</i>		✓				Father's Birthplace <i>do not know</i>	
Mother's Maiden Name <i>Mary Moffett</i>		✓				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Joseph Moffett</i>		✓				How related to deceased <i>son</i>	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Old Age & chronic Dysentery</i>	How long	<i>4 to 5 years</i>
Immediate	<i>Intoxication</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edward A. Scott</i>	
		Address <i>Galena, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

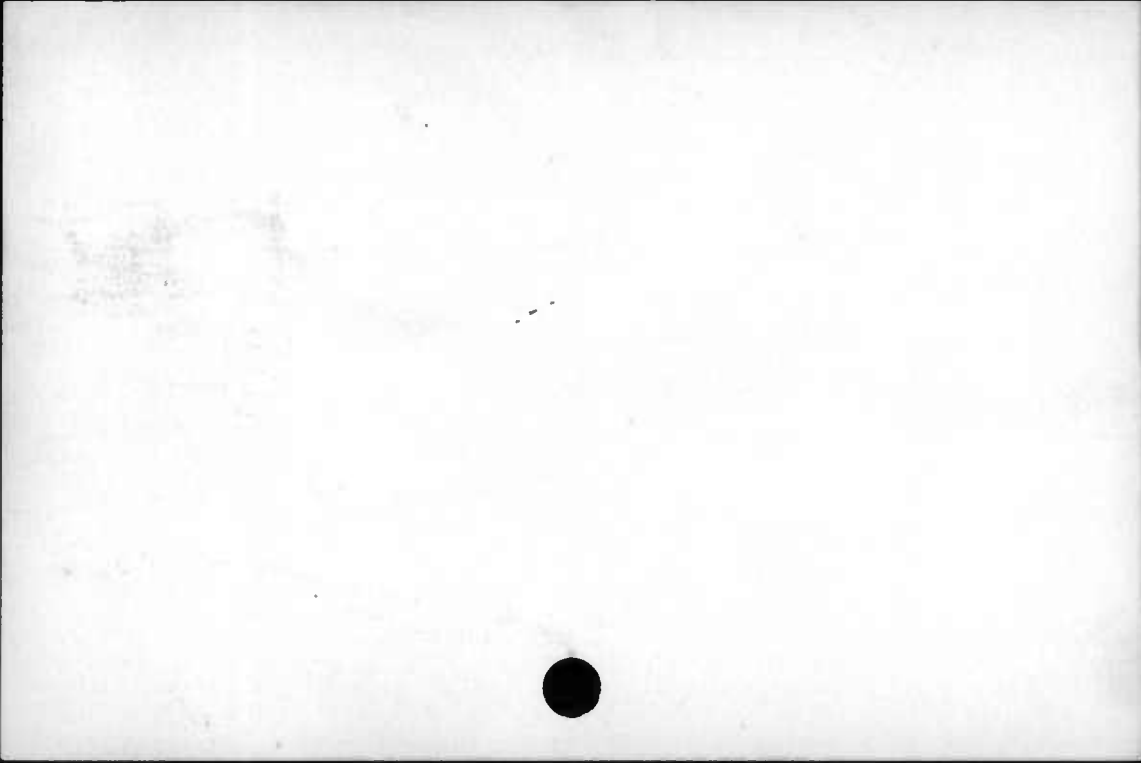
Died at <i>Middleton</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1904	Month	5	Day	29
Age	43	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Unknown
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Marie Moughan		
Father's Name	Unknown		Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>4 year</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. D. Mearns</i>
		Address	<i>Middleton</i>
Accident or Suicide?			



Name in Full		George W. Newson.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Morgueck.		County JEsst.		MARYLAND	
	Date of death	1907	Month Aug.	Day 22	Age	Years	Months 11
	Sex	Male		Color or Race white		Birth-place Ind.	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Lewis Newson				Father's Birthplace Ind.	
	Mother's Maiden Name	Margaret Walker				Mother's Birthplace Ind.	
Name of person giving information		Newson.				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Enter-Colitis			(105)	How long days	
	Immediate	Typhoid				How long 24 hrs.	
	Are the name, age, sex, color, date and place correctly given above?			yes		Signature of Physician J. J. J. J. J.	
				Address Kennedyville		Ind.	
	Accident or Suicide?						

Harrisville

Name
in
Full

Mary Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>26</u>	Age <u>88</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Col</u>		Birth-place <u>MD</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Peggy Nicholson</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Wm Barnett</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	(64)	How long <u>2 weeks</u>
Immediate <u>Coma</u>		How long <u>One day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. G. Lumsden</u>	
	Address <u>Chestertown, MD</u>	
Accident or Suicide? <u>No</u>		

J. E. & James M. E. Co.

Name
in
Full

Mrs. M. Pennington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Galena* ^{Town}

Kent ^{County}

Date of death *1907*

Month *8*

Day *10*

Age *5-8*

Months

Days *10*

Sex *female*

Color or Race *white*

Birth-place *Ind.*

Occupation *housewife*

Where Residing if not at place of death

Married, Single or Widowed *married*

Name of Wife or Husband *J. Thos. Pennington*

Father's Name *George B. Vassant*

Father's Birthplace *Ind.*

Mother's Maiden Name *Elizabeth Dwyer*

Mother's Birthplace *Ind.*

Name of person giving information *Ruth Vassant*

How related to deceased *Cousin*

CAUSES OF DEATH

(40)

Primary *Gastric Carcinoma*

How long *Six mos.*

Immediate *Obstruction, Cardiac paralysis*

How long

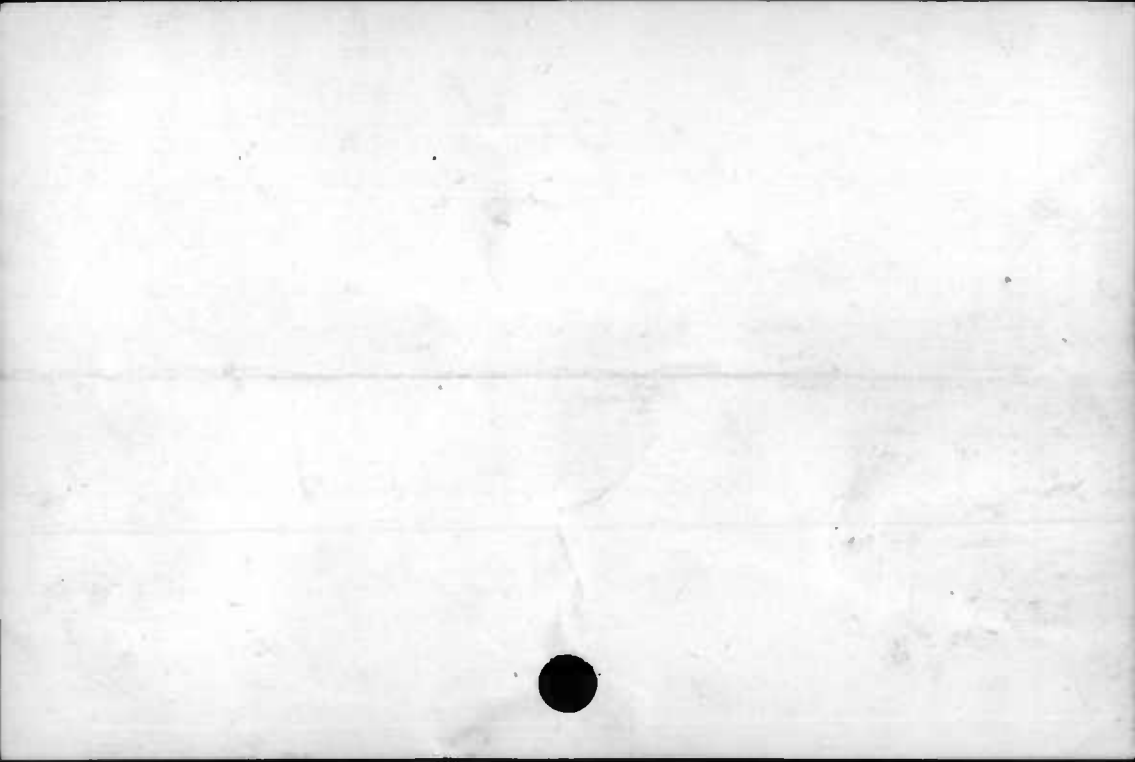
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Lattin*

Address *Galena*

Ind.

Accident or Suicide?



Name
in
Full

George Albert Raleigh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chestertown^{County} Kent

MARYLAND

Date of death 1907 ^{Month} Aug ^{Day} 17 ^{Age} ^{Years} ^{Months} 2 ^{Days} 21Sex Male ^{Color or Race} American ^{Birth-place} Chestertown^{Occupation} ^{Where Residing if not at place of death} Chestertown^{Married, Single or Widowed}^{Name of Wife or Husband}^{Father's Name} George Albert Raleigh^{Father's Birthplace} Kent Co Md^{Mother's Maiden Name} S.E. Guesner^{Mother's Birthplace} Kent Co Md^{Name of person giving information} John A Raleigh^{How related to deceased} Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER^{Primary} menses. In decantia ^{How long} 2 m^{Immediate} Ectopic. Iller. Colitis ^{How long} 3 w.

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} Dr. James H. Barnes^{Address} Chestertown Md

Accident or Suicide?

J. E. F. Chestn. com.

TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Sarah E Stanley</i>		Town <i>Morgantown</i>		County <i>Kent</i>		CERTIFICATE OF DEATH	
	Died at <i>Morgantown</i>		State <i>MARYLAND</i>					
	Date of death <i>1907 Aug 22</i>		Age <i>76</i>		Months <i>11</i>		Days <i>14</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Kent Co Md</i>			
	Occupation <i>Unemployed</i>		Where Residing if not at place of death <i>Morgantown</i>					
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Abram Stanley</i>					
	Father's Name <i>Joshua Fair</i>				Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Geo H. Walker</i>				How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

91

Primary	Age & Exposure Bronchitis		How long Failing 2 or 3 yrs.
Immediate			How long They say - 10 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Benge Simmons
		Address	Chester town
Accident or Suicide?	No	Have not seen this woman for nearly 1 year. H.B.S. Md.	

LIBRARY BUREAU AGO 210

To be Bound at
Blackiston sel

Name
in
Full

Mary E Snoker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Golds</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>17</i>	Years <i>about 56</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>don't no</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas H. Snoker</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>don't know</i>				
Name of person giving information <i>Thos. H. Snoker</i>	Relationship <i>Husband</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Liver of Stomach</i>	How long <i>don't no</i>
Immediate <i>dropsy</i>	How long <i>don't no</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rev. C. Townsend</i>
<i>as far as can ascertain</i>	Address <i>Sub-Register</i>
Accident or Suicide? <i>no</i>	

the Doctor that attended
Mrs Insken was away for treatment
himself he. to Forward and by

Name
in
Full

Still Born Infant Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Lynch</u> <small>Town</small>		<u>Hunt Co</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>aug</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Hiram Wallace</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Sophia Dorsey</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Clarence Dorsey</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Birth</u>	How long <u>(S)</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. Louis Barrock</u>
	Address <u>Kennedyville</u>
	<u>md</u>
Accident or Suicide? <u>—</u>	

Big woods. Fountain Church.

Name
in
Full

Sarah E Wallis

Epais

CERTIFICATE OF DEATH

Died at *Broad neck* TownCounty *Kent*

MARYLAND

Date of death *1907* Month *Aug* Day *4* Age *2* Years Months DaysSex *Female* Color or Race *Col* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

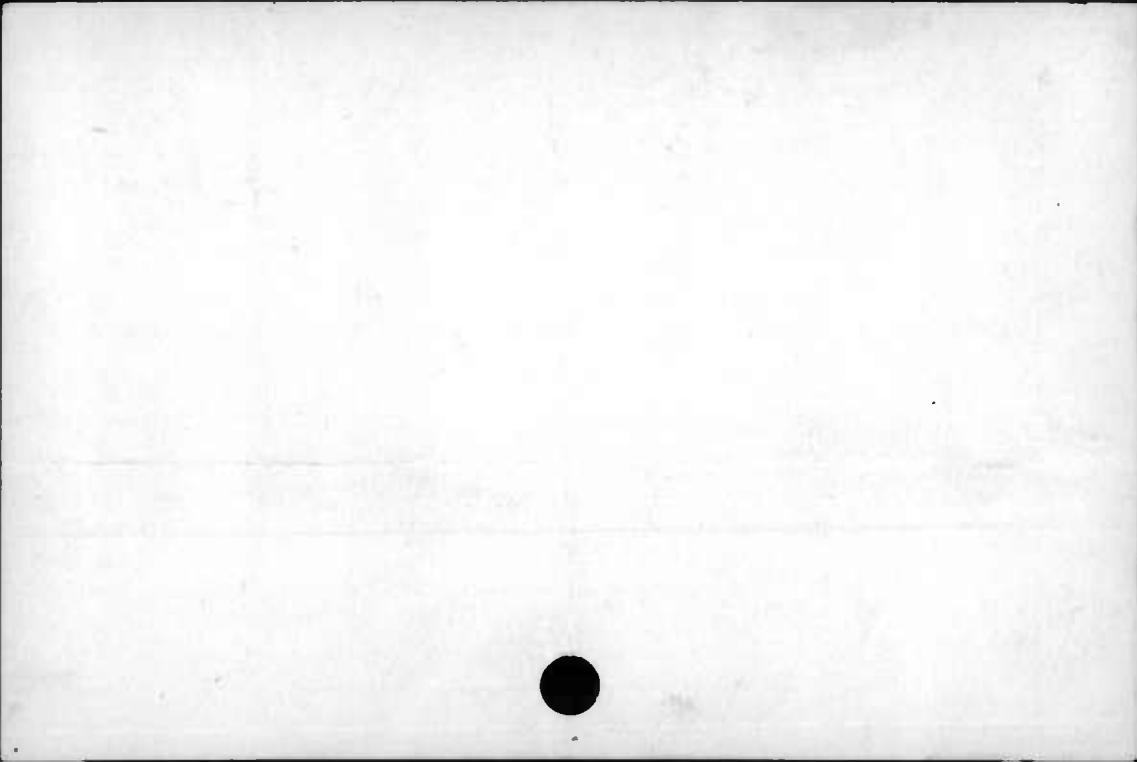
Name of Wife or Husband

Father's Name *Josiah Wallis*Father's Birthplace *Ind*Mother's Maiden Name *Elena James*Mother's Birthplace *Ind*Name of person giving information *Wm Jones*How related to deceased *Uncle*

CAUSES OF DEATH

92

Primary *Broncho pneumonia* How long *several days*Immediate *Convulsions* How long *several hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *No Dr. attending*
Address *119 S. 1st St. See Local Board of Health*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

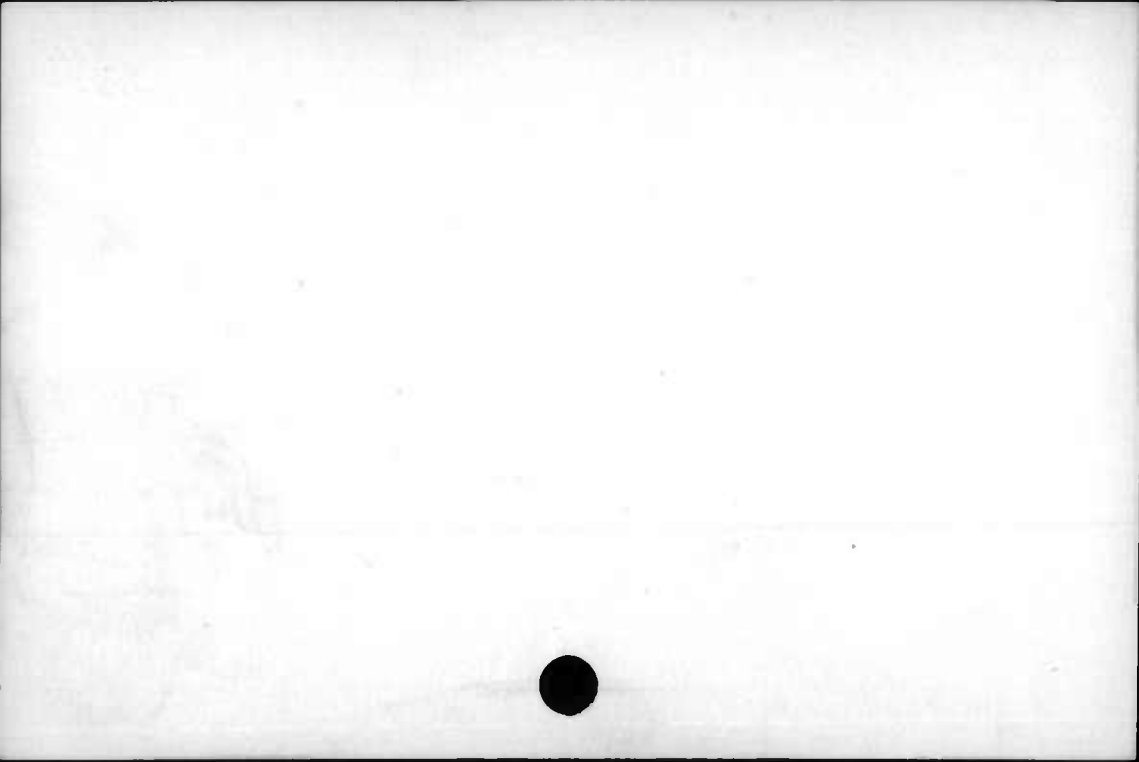
Died at <i>Wilmington</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>8</i>		Day <i>28</i>		Age <i>58</i>		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>2nd</i>		Months		Days	
Occupation <i>Dentist</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rose</i>		<i>Wicks</i>					
Father's Name <i>Joshua Waller</i>		Father's Birthplace <i>2nd</i>							
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

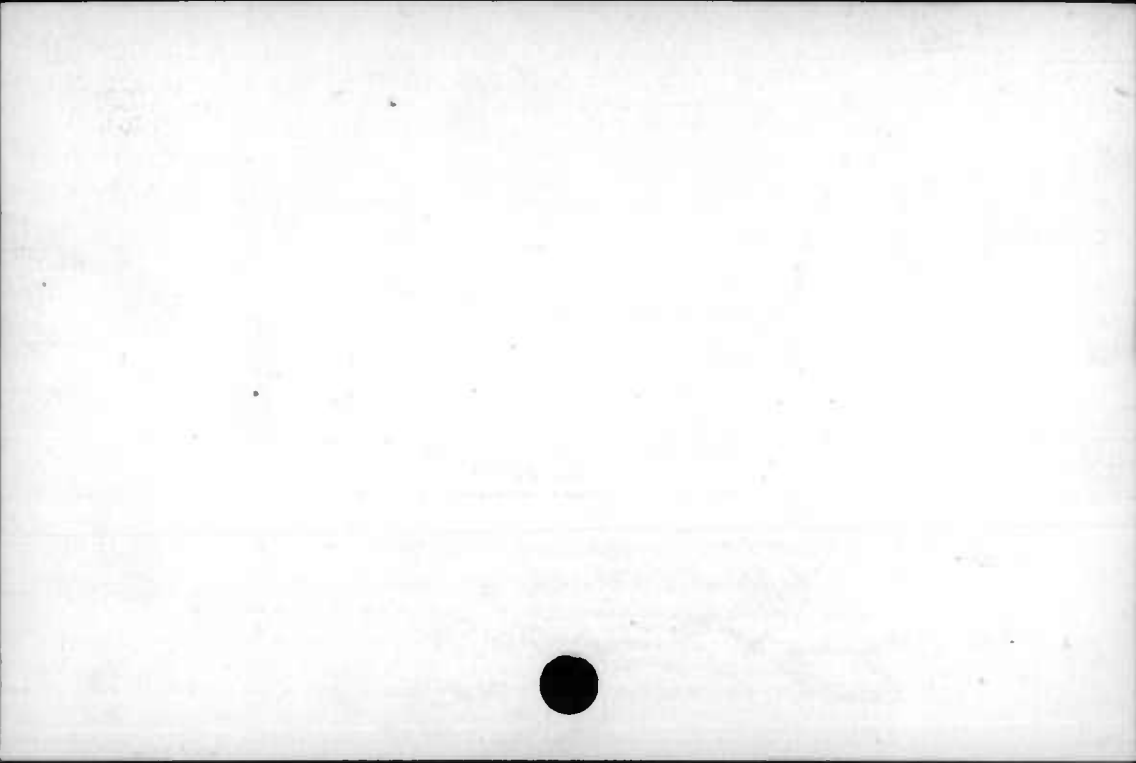
120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>Year</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. C. ...</i>	
		Address <i>Wilmington</i>	
Accident or Suicide?			



Name in Full Raymond Watson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Piney Neck Town		Kent Co. County
	Date of death 1907 Month Aug Day 20		Age — Years Months 5 Days 6
	Sex Male	Color or Race White	Birth-place Kent Co
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name Raymond Watson	Father's Birthplace Kent Co.	
	Mother's Maiden Name Mary Elburn	Mother's Birthplace Kent Co.	
Name of person giving information Raymond Watson		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Summer Catarrh	How long 2 weeks	
	Immediate Exhaustion	How long One day	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Walter J. [illegible]	
		Address Rock Hall, Md.	
	Accident or Suicide?		



Name in Full

Certificate of Death

Margaret A. Welch

Town

County

Died at

Chester town Kent

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

Aug 14

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Primary

Chronic Progressive Paralysis 6 yrs

How long sick

Death

Immediate

apoplectic attacks ending
in Respiratory and Cardiac Paralysis

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Send to Pastor
more for Benial
John W. Dodd
Understake,

Name
in
Full

George T. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton</u> Town		<u>Hent</u> County		MARYLAND	
Date of death	1907	Month	Aug	Day	16
		Age	69	Years	
Sex	Male	Color or Race	White	Birth-place	U.S.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Sarah M. Porter		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Mrs Williams		How related to deceased	Wife	

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis.	How long	Five years.
Immediate	Heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. S. Maxwell,	
		Address	
		Still Pond, Md.	
Accident or Suicide?			

Seibertshausen

Name
in
Full

Thomas Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Betterton</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> <small>Month</small>	<u>16</u> <small>Day</small>	<u>42</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Wid</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Wid</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Houston</u>				
Father's Name <u>Thomas Wilmer</u>	Father's Birthplace <u>Wid</u>				
Mother's Maiden Name <u>Maria Tillson</u>	Mother's Birthplace <u>Wid</u>				
Name of person giving information <u>Thomas Wilmer</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <u>Hepatic Congestion</u>	How long <u>1 1/2 days</u>
Immediate <u>Intestinal Obstruction</u>	How long <u>1 1/2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Northrup</u>
	Address <u>St. Paul, Minn.</u>
Accident or Suicide? <u>—</u>	<u>Wid.</u>

Coleman